

BE HEARD!

VELTRI'S VOICE

Victoria Veltri
Healthcare
Advocate



INSIDE THIS ISSUE

VELTRI'S VOICE	1
OHA OUTREACH	1
Rx ASSISTANCE	2
MENTAL HEALTH ASSOCIATION-CT	2
CT-DENTAL HEALTH PARTNERSHIP	2
LEGISLATIVELY SPEAKING	3
OBSERVATION LAW	3
THE BUSINESS SIDE	4
HEALTH CARE DEFINED	4

Welcome to our summer newsletter. It's been an especially busy summer at OHA with increased call volume on a variety of healthcare issues.

In this edition, we highlight some of the many important pieces of healthcare legislation that impact residents of Connecticut. We also detail some of our outreach activities over the last quarter, provide information about one of our partner community organizations, provide information on prescription drug access programs, and give some background on the very successful Connecticut Dental Health Partnership for HUSKY members.

Because healthcare and healthcare coverage terms can be confusing, we include some additional healthcare definitions. We hope that by continuing to provide this information to consumers, providers, employers, agencies and others that it will empower consumers

to take charge of their healthcare.

Finally, we feature an article about the observation status notice requirement that takes effect October 1, 2014. The notice requirement is critical for consumer education, and essential to help protect consumer rights to healthcare coverage for medically necessary services after a hospital stay. OHA continues to work in collaboration with the Center for Medicare Advocacy to protect consumers from incurring tens of thousands or more dollars in unpaid medical bills through the use of observation status.

With a new fiscal year upon us, OHA sets its sights on reaching thousands of new consumers through our educational and marketing campaigns, which are focused on reaching underserved populations in Connecticut who are newly insured or need assistance with protecting their healthcare rights.

OHA continues to pursue healthcare policy to ensure transparency in healthcare pricing and costs, access to behavioral health services for residents covered by all types of health coverage, in collaboration with state agency and other partners, and continued state agencies and community organizations to engage and empower consumers on healthcare issues.

OHA is now undergoing a CLAS (Culturally and Linguistically Appropriate Services) assessment through the Commission on Health Equity to ensure the best possible quality of services to every CT resident who seeks our assistance. Former clients and customers may be receiving a survey from OHA. I hope you will take a few minutes to fill out the survey to help us design our programming to be responsive to all CT residents.

~Vicki

OHA OUTREACH

The Office of the Healthcare Advocate (OHA) is continuing our 2014 Statewide Educational Outreach Campaign. OHA sent forty-six letters accompanied by English and Spanish brochures and posters to consumer-facing state agencies, such as DSS, DCF, DMV, DMHAS, DDS, etc.

This year we are making the concerted effort to hear the quietest voices in the farthest places. We will bring our advocacy experience, professional presentations, and educational materials to you at

local health fairs, senior centers, parent support groups, non-profit organizations, and private businesses. OHA wants to help Connecticut's diverse communities understand their health coverage and patient rights.

OHA is bringing consumer education to every corner of Connecticut through a statewide campaign. Our Outreach Coordinator is visiting every town hall and introducing our services to mayors, town selectmen, and city managers. To date, we have completed four

counties: Middlesex, New Haven, Tolland, and Windham.

OHA provides information on our services in 23 languages, including Braille. Free materials (handbills, brochures, and posters) are available upon request.

To request a specific outreach event or speaking engagement by the Healthcare Advocate, please email OHA for your community event or free materials to:

OHA.Outreach@ct.gov





PRESCRIPTION ASSISTANCE PROGRAMS

Prescribed medications are meant to help maintain health or keep conditions under control. If you have a question on or problems accessing coverage for your prescription, call OHA.

If pharmaceutical costs keep you from visiting the pharmacy and “following orders”, even after your health plan covers part of the costs, you may be able to get help through Pharmaceutical Assistance Programs (PAP), discounted programs sponsored by pharmaceutical companies, non-profit agencies, and federal/state municipalities to help make prescription costs more affordable.

For example, www.medicare.gov connects you directly to the pharmaceuti-

cal companies that may provide assistance with the medications they manufacture. To find out more, please click: [Medicare—PAPs](#) or call 800.633.4227.

Locally, The Connecticut Conference of Municipalities has endorsed Pro-Act (a Pharmacy Benefit Management Company) that helps to lower prescription costs at no charge to you or your town.

Additional benefits of this free program for all CT residents includes: no income limits, every medication covered (especially those not covered by your health insurance and some pet medications too), discounted vision services (exams, frames, lenses, con-

tacts), discounted hearing aids, drug price look-up, and pharmacy locator. To receive your free Prescription Discount Card and for more information or questions about this service, please call 877.776.2285 or visit:

[CT Pro-Act, Inc.](#)

Additional Prescription Assistance Programs available nationwide are:

- [Needy Meds](#)
- [Partnership for Prescription Assistance](#)
- [Rx Assist](#)
- [Rx Outreach](#)

MENTAL HEALTH ASSOCIATION OF CT (MHAC)

MHAC's mission is to create quality mental health services and compassionate relationships that engage, instruct and inspire. The Mental Health Association of Connecticut, Inc. (MHAC) provides residential services, psychosocial, case management and vocational services for people who have severe and prolonged mental illness. In addition it provides services to Deaf or hard-of-hearing individuals.

MHAC programs are accredited by the Commission on the Accreditation of Rehabilitation Facilities (CARF). This accreditation outcome, which represents the highest level of accreditation, is awarded to organiza-

tions that show substantial conformance to the standards established by CARF.

Because of Clifford Beers' initial writings and vision, MHAC has become community force of Educators, Providers, and Advocates for “...quality mental health services that create, instruct, and inspire.”

Since 1908, MHAC has been a leader in advocacy and education for mental health and for erasing stigma. MHAC's advocacy builds on three cornerstones for change:

- **Educating elected officials and policymakers;**
- **Motivating consumers and family**

members to speak out; and

- **Creating coalitions and building consensus to change the system**

It takes many people working together to make a difference. Our services give people new skills, hope, insights and experiences that can help them build a better future.

OHA is proud to partner with MHAC to continue to push for the realization of behavioral health parity.



Clifford Beers
1876-1943

61 South Main Street
West Hartford, CT 06107
Toll-Free in CT: 800.842.1501
Out-of-CT: 860.529.1970
www.mhact.org
info@mhact.org



CONNECTICUT DENTAL HEALTH PARTNERSHIP



The Connecticut Dental Health Partnership (CTDHP) is part of the HUSKY Health program. Specifically, the CTDHP provides management and customer service for the oral healthcare portion of HUSKY Health. The dental benefits provided are comprehensive with orthodontic services available for HUSKY Health members who are under the age of 21 and meet the criteria for a "handicapping malocclusion".

The CTDHP will help eligible

members locate a participating network dentist or dental specialist closest to the member, provide appointment scheduling assistance for families, offer translation assistance and help with the coordination of transportation to and from dental appointments. The CTDHP staff also offers individualized assistance and care coordination services to a dental office that will work with individuals who have special healthcare needs or require American with Disabilities Act [ADA] accommodations.

Contact the CTDHP if you have any questions about your benefits or need help finding a dentist. The call center is there to help you and is open Monday - Friday from 8:00 AM to 5:00 PM. at:

CT Dental Health Partnership
1290 Silas Deane Hwy—Suite 4A
Wethersfield, CT 06109
D: 866.420.2924
855.283.3682
F: 860.674.8174
Prior Authorization: 888.445.6665
W: ctdhp.org

LEGISLATIVELY SPEAKING...

The 2014 state legislative session was a short session. OHA testified on 28 bills. Eighteen of those bills have become law—Public Acts or Special Acts. Bill highlights include:

Public Acts that became Effective Upon Passage (immediately)

Special Act 14-5: Requires DPH to implement a pilot program for Medical Orders for Life-Sustaining Treatment (MOLST). A MOLST is a medical order written by an MD, APRN, or PA that affirms, in advance, a patient's request for specific life-sustaining treatments when the patient end stage of a serious, life-limiting illness or is in a condition of advanced, chronic progressive frailty. This enables much more specific patient directives regarding their care than advanced directives as their condition progresses.

Special Act 14-7: Requires DMHAS and DCF develop a proposal for a behavioral health urgent care center operated by public and private entities, and to develop a substance abuse recovery support plan specific to adolescents and young adults to increase community support, alert the targeted population that the service is available, and identify options for securing public and private funding for the plan.

Public Acts that went into effect on July 1, 2014 include:

PA 14-12: This act allows licensed advanced practice registered nurses (APRNs) who have been practicing in collaboration with a physician for at least three years and 2,000 to practice independently. The act requires APRNs to earn at least 50 hours of continuing education in their practice area in the previous 2 years.

PA 14-197: Requires Pharmacy Reward Programs to provide written summaries to consumers outlining specific disclosures about protected health information (PHI) and have consumers sign HIPAA authorization annually.

PA 14-115: Requires OHA to establish by January 1, 2015 a behavioral health care provider information and referral service to help residents and providers with resources, timely referrals, and access. OHA is required to report annually on "...gaps in services and the resources needed to improve behavioral healthcare options..." PA 14-115 mandates collaboration with stakeholders, a public awareness and educational campaign and a data-reporting mechanism for measuring effectiveness.

PA 14-158: Eliminates the need for a hand-written prescription

indicating "brand medically necessary" in addition to the electronic prescription indicating the same; instead allows prescriber to select proper code on the electronic prescription that indicates substitution is not allowed.

PA 14-160: Allows, under certain circumstances, an emergency department physician to (1) enroll separately as a Medicaid provider and (2) qualify for direct reimbursement for professional services he or she provides in a hospital emergency department to a Medicaid recipient.

For more detailed information about these Public and Special Acts and upcoming changes, please visit www.cga.ct.gov.

- Demian Fontanella
OHA General Counsel



VERY IMPORTANT CONTACTS

- **Department of Children & Families (DCF)**
860.550.6300 | www.ct.gov/DCF
- **Department of Mental Health & Addiction Services (DMHAS)**
860.418.7000 | ct.gov/dmhas
- **Department of Public Health (DPH)**
860.509.7400 | www.ct.gov/dph
- **Medicare**
800.633.4227 | www.medicare.gov



In the Second Quarter of 2014, OHA handled more than 2,200 cases, participated in 8 Community Outreach Events, made house-calls to 15 Town Halls, and saved Connecticut Residents \$1,587,071 !

IT'S THE LAW: NOTICE OF OBSERVATION STATUS

Public Act 14-180, An Act Concerning Notice of A Patient's Observation Status, goes into effect. On October 1, 2014. P.A. 14-180 requires hospitals to give a patient oral and written notice within 24 hours after being placed on observation status, unless the patient left the hospital during the first 24 hour period. In general, observation status refers to patients who are being treated in a hospital but are classified as outpatients rather than as admitted to the hospital.

P.A. 14-180 is an important consumer protection because the distinction between "observation status" and "inpatient" can

significantly impact insurance coverage. For example, Medicare will only pay for skilled nursing facility charges following a "qualifying stay" of at least three days of "inpatient" status.

Hospital's required notice must include the following statements: 1) the patient is not an inpatient but instead is on observation status; 2) that this status may affect coverage under Medicare, Medicaid, or private insurance for hospital services, including medications or home or community-based care or care at a skilled nursing facility upon the patient's discharge and; 3) a recommendation that the patient contact his

health insurance provider or the Office of the Healthcare Advocate to better understand the implications of placement in observation status.

The written notice must be signed and dated by the patient or his authorized representative.

If you receive notification that you are being *observed*, you can contact OHA or the Center for Medicare Advocacy with questions about your rights.

For the full text of the law, click: [here](#).

###

Office of the Healthcare Advocate
PO Box 1543

Hartford, CT 06144-1543

Toll-Free: 866.466.4446

Direct: 860.331.2440

Fax: 860.331.2499

Healthcare.Advocate@ct.gov

OHA.Outreach@ct.gov



NOW YOU'LL BE HEARD!

[Authorization For Release Form](#)

OUR MISSION...to assist consumers with health care issues through the establishment of effective outreach programs and the development of communications related to consumer rights and responsibilities as members of healthcare plans.

OHA staff is dedicated not only to serving and assisting Connecticut's healthcare consumers, but also striving to ensure that the products and services available are adequate. This requires a multifaceted approach, including direct consumer advocacy and education, interagency coordination of benefits and a voice in the legislative process.

OHA—THE BUSINESS SIDE

Attention employers who provide healthcare coverage for your employees: please note that Connecticut Law requires you to have a poster describing the Office of the Healthcare Advocate's services for your employees. To obtain free poster(s), please e-mail us at OHA.Outreach@ct.gov.

HEALTHCARE DEFINED

Each Quarter, OHA will define specific healthcare related acronyms or terms. The focus this quarter is healthcare coverage. If there is something the you would like to see defined, please contact us at OHA.Outreach@ct.gov.

ADMINISTRATIVE SERVICES ORGANIZATION (ASO): An organization that provides administrative services only to an employer or insurer in the delivery of healthcare services. Typical ASO services include network provision and claims processing. ASO arrangements are non-risk arrangements; the ASO is not responsible for payment of the costs of services. Many insurers also act as ASOs for self-funded plans. (See definition for "self-funded plans".)

ADVERSE DETERMINATION: A determination by a utilization review company to deny or partially deny an admission, service, procedure or extension of stay because based upon the information provided, the request does not meet the utilization review company's requirements for medical necessity, appropriateness, health care setting, level of care or effectiveness or eligibility.

CREDITABLE COVERAGE: Health coverage you have had in the past, such as coverage under a group health plan (including COBRA continuation coverage), an HMO, an individual health insurance policy, Medicare or Medicaid, that was not interrupted by a significant break in coverage (more than 63 days). The time period of this prior coverage must be applied toward any waiting period imposed by a new health plan. Proof of your creditable coverage may be shown by a certificate of creditable coverage or by other documents showing you had health coverage, such as a health insurance ID card.

DEDUCTIBLE: The amount of eligible expense a person must pay each year from his/her own pocket before the health plan will make payment for eligible benefits. Some plans have more than one deductible that must be met, e.g., hospital, out of network services, prescription drugs.

MANAGED CARE ORGANIZATIONS (MCOs): Health maintenance systems that are responsible for both the financing and the delivery of a broad range of health services to an enrolled population. They provide health care services through a network

of certain doctors, hospitals and other health care providers to give a range of services to plan members. HMO, PPO and POS, are types of "MCO".

POINT OF SERVICE PLAN: Managed care members covered under this type of health benefit plan may decide whether to use services of a participating or non-participating provider each time they seek covered services. Therefore, the member is allowed to make a coverage choice at the "point of service" (or POS) when medical care is needed. Care receiving from a non-participating provider typically will include deductibles and coinsurance.

SELF-FUNDED PLANS: These plans are offered by more than 50% of CT employers. In a self-funded (or self-insured) plan, the costs of medical care are borne by the employer on a pay-as-you-go basis. There is no true "insurance". The plan sponsor (usually a large employer) decides what services are covered, although certain services may be required to be covered by law. The employer may contract with an ASO for plan administration. Rules governing self-funded plans fall under federal law and are not controlled by state law.

For more definitions, please click: [DEFINE](#)